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Bib Data Sheet

CONFIRMATION NO. 5876

SERIAL NUMBER 09/163,778	FILING DATE 09/30/1998  RULE	CLASS 426	GROUP ART UNIT 1761	ATTORNEY DOCKET NO. IAM498PA	
<b>APPLICANTS</b>  ALLAN LEPINE, LEWISBURG, OH;  ** CONTINUING DATA *****  ** FOREIGN APPLICATIONS *****  IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/15/1998					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		STATE OR  COUNTRY OH	SHEETS  DRAWING 2	TOTAL  CLAIMS 14	INDEPENDENT  CLAIMS 3
<b>ADDRESS</b> SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A. P. O. BOX 2938 MINNEAPOLIS, MN 55402					
<b>TITLE</b> CANINE MILK SUBSTITUTE					
FILING FEE  RECEIVED 790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:				
<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit					

SERIAL NUMBER 09/163,778	FILING DATE 09/30/98	CLASS 426	GROUP ART UNIT 1761	ATTORNEY DOCKET NO. IAM498PA
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APPLICANT	ALLAN LEPINE, LEWISBURG, OH.
	<b>**CONTINUING DOMESTIC DATA*****</b> VERIFIED <u>f. d.</u>
	<b>**371 (NAT'L STAGE) DATA*****</b> VERIFIED <u>f. d.</u>
	<b>**FOREIGN APPLICATIONS*****</b> VERIFIED <u>f. d.</u>
FOREIGN FILING LICENSE GRANTED 10/15/98	

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OH	SHEETS DRAWING 23	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 3
Verified and Acknowledged	<u>f. d.</u> Examiner's Initials Initials				

ADDRESS	KILLWORTH GOTTMAN HAGAN & SCHAEFF
	ONE DAYTON CENTRE
	ONE SOUTH MAIN STREET SUITE 500
	DAYTON OH 45402-2023

TITLE	CANINE MILK SUBSTITUTE

FILING FEE RECEIVED \$790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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